



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EMPLOYMENT TRAINING SECTION

DESE 6

INDIVIDUAL TRAINING/REFERRAL ACCOUNT

P. O. Box 480  
JEFFERSON CITY, MISSOURI 65102

REGION

PLEASE CHECK  
APPROPRIATE  
BOXES

☐ WIA TITLE I ADULT  
☐ WIA TITLE I YOUTH

☐ WIA DISLOCATED WORKER (LOCAL)  
☐ WIA DISLOCATED WORKER (STATEWIDE)  
☐ DFS ☐ PFS

☐ NAFTA  
☐ TAA  
☐ OTHER \_\_\_\_\_

☐ NEW PARTICIPANT

☐ REVISION:

☐ ADDITION

☐ REDUCTION

☐ CANCELLATION:

☐ LAST DAY OF ATTENDANCE \_\_\_\_\_

**A. THIS SECTION TO BE COMPLETED BY REFERRING OFFICE (PLEASE PRINT OR TYPE)**

1. NAME OF PARTICIPANT (LAST) (FIRST) (INITIAL)		SOCIAL SECURITY NUMBER
2. ADDRESS OF PARTICIPANT		COUNTY OF RESIDENCE
3. REFERRING OFFICE (NAME)	(ADDRESS)	(PHONE #)
4. TRAINING AGENCY	(ADDRESS)	(PHONE #)
5. COURSE TITLE		CIP-TC CODE
6. PELL GRANT	6A. <input type="checkbox"/> HAS APPLIED <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE; If eligible, please complete section 6b.	6B. Amount to be utilized for tuition _____ fees _____ supplies _____ Amount to be disbursed to student _____

BOX 7, 8, 9 & 10 APPLY ONLY TO THAT PORTION OF THE TRAINING TO BE FUNDED BY WIA/DFS/PFS. WHEN COMPLETING THESE BOXES INDICATE THE AMOUNTS BASED ON THE TOTAL PERIOD TO BE FUNDED.

7. IF STUDENT IS ATTENDING CREDIT HOUR COURSE(S), INDICATE  # of credit hours Tuition amt. (if known) Cost of fees Cost of supplies # of semesters <input type="checkbox"/> In district OR <input type="checkbox"/> Out of district	If student is attending non-credit hour course(s), and		10. INDICATE WHICH PROGRAM THE STUDENT IS ATTENDING  <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Evening classes <input type="checkbox"/> Day classes
	8. FUNDING 100% OF COURSE COSTS, INDICATE (IF KNOWN)  1 <sup>st</sup> YR. 2 <sup>nd</sup> YR. Tuition Fees Supplies	9. FUNDING LESS THAN 100% OF COURSE COSTS. INDICATE  1 <sup>st</sup> YR. 2 <sup>nd</sup> YR. Tuition Fees Supplies	

11. BEGINNING DATE FOR FUNDING PURPOSES	PLANNED ENDING DATE
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COMMENTS

The undersigned has selected and referred the person for training as specified above, and certifies with respect thereto that: (1) The above named participant is eligible for funding; and (2) The training to be provided is for a demand occupation in the area or another area to which the participant is willing to relocate.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
PLEASE PRINT OR TYPE NAME	

**B. THIS SECTION TO BE COMPLETED BY STATE VOCATIONAL EDUCATION OFFICE**

1. FOR BILLING PURPOSES CERTIFICATION NUMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/>			
2. RATE (UNIT TYPE AND NUMBER OF UNITS)			
3.	TUITION FEES SUPPLIES TOTAL	FY	TUITION FEES SUPPLIES TOTAL